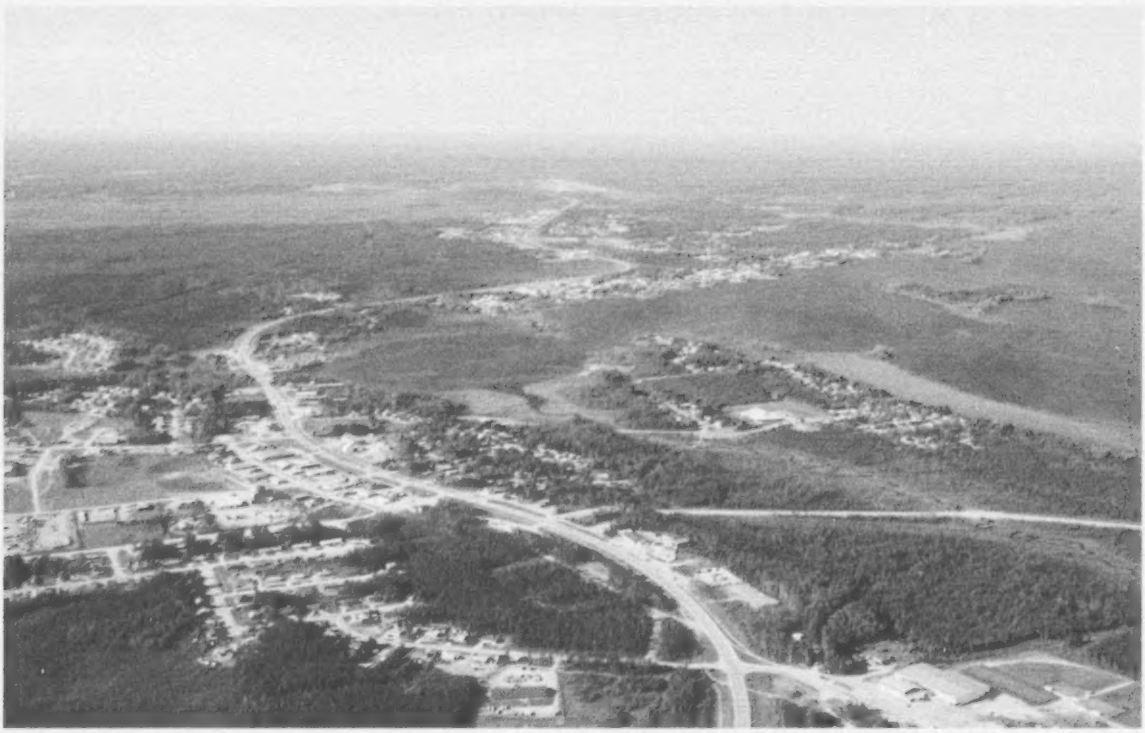
Mamawetan Churchill River Health Region

Annual Report 2014-2015



Together in Wellness

www.mcrhealth.ca

2013 Population: 24,210

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The electronic version of this annual report may be found at: **www.mcrhealth.ca**

Letter of Transmittal

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

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To the Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2014-15 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2015.

Respectfully submitted,

Ron Woytowich, Chairperson
Mamawetan Churchill River Regional Health Authority

Introduction

This annual report presents the Mamawetan Churchill River Regional Health Authority's activities and results for the fiscal year ending March 31, 2015. It reports on public commitments made and other key accomplishments of the regional health authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2014-15 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.

The organization acknowledges responsibility for the preparation of this report. It has confidence in the reliability of the financial statements, as they have been audited by an independent third party and reviewed by the Provincial Auditor.

Data tables related to sick time usage, wage-driven premium hours and workers' compensation claims have been provided by the Mamawetan Churchill River Regional Health Authority's administrative services and the Ministry of Health. Some of the data used for breakthrough initiatives is for improvement purposes during the project work.

Key areas have been selected for reporting based on the strategic plan and priorities determined by the Regional Health Authority Board. The interpretation embedded in the reporting reflects the best judgement of the organization's leaders.

Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Regional Health Authority works collaboratively with the Ministry of Health and with other partners to support the approximately 24,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the regional health authority is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.

Our Mission

Working together in wellness to promote, enhance, and maintain quality of life.

Our Vision

External: Vibrant and diverse communities, rich in northern heritage, tradition, and culture.

Internal: A safe, respectful environment of teamwork, learning, and continuous quality improvement, representative of the communities we serve.

Our Values

Wholistic Approach | Equity | Accountability | Competence | Trust | Team Approach

Goals

Better Health | **Better Care** | **Better Teams** | **Better Value**

2014-2015 Project: Primary Care Re-design

-Working towards a "pod" system of care in the primary care clinic in La Ronge.

-Introducing case managers who work with a multidisciplinary team to deliver enhanced comprehensive primary health care.

-Reduction of wait times from 3 to 4 weeks, to seeing the team of your choice on the day of your choice.

-Reduction of chronic disease patient presentations at the emergency department.

Principles

Client and Family Centred Care - Think and Act as One System - Continuous Improvement - Culture of Safety

SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

The Mamawetan Churchill River Health Region continues to work on Lean initiatives originally introduced in the fall of 2011. Lean is a patient-focused approach to managing and delivering care that continuously improves how we work. There are many processes involved in health care. Lean finds and eliminates waste in these processes that do not add value from the patient's perspective.

Lean makes health care better in several ways:

- It increases safety, by eliminating defects and errors.
- Staff doing the work are the ones who look for waste and find better ways to deliver care.
- It reduces cost, by getting rid of waste.
- Patients have better health outcomes.

Pictured above: RPIW participants creating plans to reduce wait times for dietician

During the 2014-15 fiscal year, the Mamawetan Churchill River Regional Health Authority continued developing a system-wide strategy deployment process in collaboration with the Ministry of Health, other regional health authorities, and the Saskatchewan Cancer Agency.

Mamawetan Churchill River Regional Health Authority committed to focusing on the following strategic level breakthrough initiatives for 2014-15:

- Primary care redesign

The breakthrough initiative is influenced by the unique circumstances of the region, including demographics and health status.

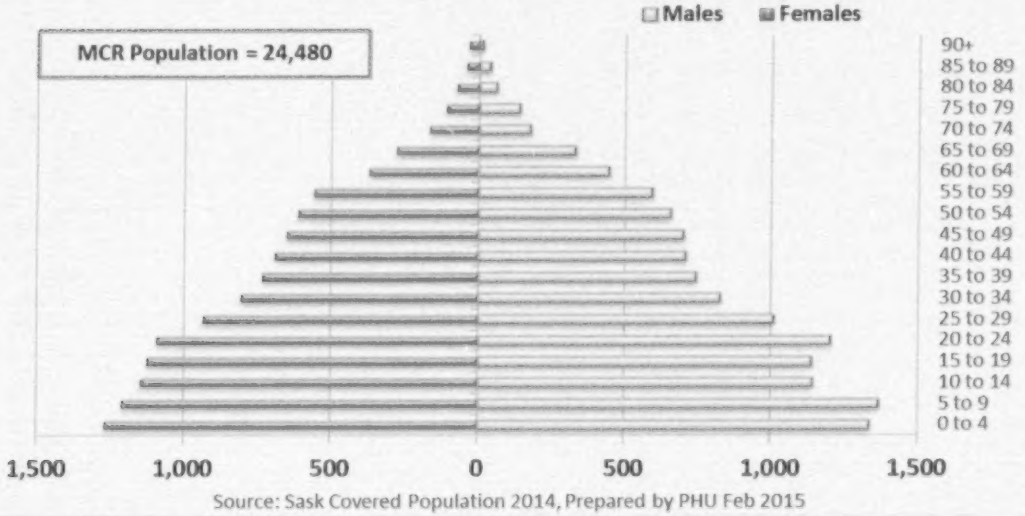
Better *better health · better care · better value · better teams*

RHA Overview

The population of the Mamawetan Churchill River Health Region has some unique characteristics which impact health care service delivery.

The distribution of population in the health region is different from the distribution of population for the province as a whole. For example, in Mamawetan Churchill River, 30% of the population is under the age of 15, compared to 19% for the province. Over 80 percent (82.5%) of the population self-identify as being Aboriginal.

Population Pyramid by Age and Sex, MCR 2014



Source: Sask Covered Population 2014, Prepared by PHU Feb 2015

The Northern Saskatchewan Health Indicators Report 2011, released in January, 2012, provides an extensive analysis of the various geographic, demographic and socio-economic impacts on health status.

In 2013, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had some of the highest 'dependency ratios' of all other health regions in Canada, comparing the number of youth under 20 and elders 65 years of age and over with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

Off-reserve children in the Mamawetan Churchill River Health Region aged 17 years and under (30%) are twice as likely to live in poverty compared to the province (14%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 84.5% for the province.

The median after-tax income of people living in Mamawetan Churchill River Health Region is $16,850, which is almost $12,000 less than the provincial median.

According to the Northern Health Indicators Report (2011), the Mamawetan Churchill River Health Region has almost three times the proportion of dwellings requiring major repair, and more than 8.5 times the rate of crowding, having more than one person per room, compared to the province.

Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister of Health. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the Minister determines the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Provide ongoing evaluation of Board and CEO;
- Promote and encourage health and wellness; and
- Act on other priorities that may be directed by the Minister.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- Comply with all legislation, regulations, contracts, policies and directives;
- Comply with all Ministerial information requests; and
- Provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

The Mamawetan Churchill River Regional Health Authority for the 2014-2015 Fiscal Year

*Board member Coralie Ylioja resigned effective December, 2014

The Mamawetan Churchill River Regional Health Authority (MCRRHA) has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

The Ethics Committee continues to be active in a variety of areas. The Committee ensures that its members receive ongoing education as well as Ethics related education and training for all health region staff. The Ethics Committee now meets every second month with two sub-committees, the Education Committee and the Consultation Committee meeting on the alternating months. The Education Committee is making plans to provide education ethics 101 to all departments on a rotating basis. The Consultation Committee continues to be available for new referrals.

The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee. In addition, the MCRRHA Board is also represented on the Practitioner Liaison Council, the Northern Human Services Partnership, and the North Sask Laundry & Support Service Board. The Board Chair represents the Mamawetan Churchill River Regional Health Authority on the Governing Council.

In 2014-15, the RHA met 10 times in La Ronge, and once in Pinehouse. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks. In 2014-15, the Community Advisory Network meetings were scheduled in all five communities that house a Mamawetan Churchill River Health Region (MCRHR) facility. These meetings were attended by Board and region representatives. Telehealth technology is employed for regional meetings, in addition to face-to face meetings.

As part of its ongoing commitment to board development, RHA members attended the fourth annual Saskatchewan Health Quality Summit. Three Board members also attended the conference of the Canadian Public Health Association, two attended the Canadian Healthcare Association/National Health Leadership Conference, and one attended the South Central Foundation NUKA Conference.

As part of the Lean initiative, Board members regularly attended wall walks as well as receiving kaizen basics training.

In August, 2014, the Board hosted its seventh annual Honour Feast for staff in La Ronge, with Board members taking their turn at the barbeque. This is the Board's way of thanking all employees for their contribution to the organization. Celebrations also took place at sites throughout the region. The event was combined with the recognition of those who had reached milestone years of service with the region. This year our region was proud to celebrate the long service of Wendy Desroches, who reached 35 years of service.

Organizational Structure

In January, 2014 Mamawetan Churchill River Regional Health Authority underwent a major organizational re-structuring in order to better govern and serve the needs of the Health Region. An Executive Director team consisting of; Mrs. Teresa Watt, Executive Director, Operational Support and Mr. David Watts, Executive Director, Integrated Health report directly to the CEO.

Also reporting to the CEO is the Director of Kaizen Promotion Office, Director of Finance, Director of Population Health Unit, and the Senior Medical Officers.

Reporting directly to the Director of Integrated Health Services are the Director of Acute Care, Director of Primary Care Nursing, Director of Homecare and Long Term Care, Director of Mental Health and Addictions, and Director of Therapies.

Reporting directly to the Director of Operational Support are the Director of Human Resources, Director of Information Services, Director of Facilities & Operations, and the Director of Communications.

The director positions listed above make up the Directors Team who provides feedback, recommendations, and input to support the Executive team. There is input into decision making on issues that require broader dialogue and communication to and from the organization and on issues that have broad implications for the region. The Directors' Team also participates in the strategy deployment processes for the organization.

Health Care Organizations & Other Third Party Relationships

In order to achieve its mandate, the Mamawetan Churchill River Regional Health Authority is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- The Creighton Alcohol and Drug Abuse Council (CADAC).
- The Authority contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and Manitoba's Northern RHA (Flin Flon General Hospital Ambulance Service).
- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the health authority. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health and Addictions Services is responsible for the contract and meets regularly with NSN board and staff to review services and quarterly financial statements.
- The authority administers the funding for the Northern Human Services Partnership (Regional Intersectoral Co-ordinators).
- The Authority also receives funding from Kids First North to deliver services and from the Saskatchewan Ministry of Justice to deliver the Children Exposed to Violence program.

Service Delivery

Services are delivered by the Mamawetan Churchill River Regional Health Authority to residents in north-eastern Saskatchewan through facilities in five communities: Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin. These facilities serve as a base for programs and services that are also provided at outfitter camps, mining operations, exploration camps, correctional facilities, schools, community gathering places, and homes.

Environmental health services are provided to off-reserve communities adjacent to First Nations communities at Stanley Mission, Southend, Pelican Narrows, Deschambault Lake, and Wollaston Lake.

In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of north-east Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Regional Health Authority are designed to respond to the changing needs of our clients.

Population Health Unit

The Northern Saskatchewan Population Health Unit is unique in the province. It is a major collaborative initiative of the **Athabasca Health Authority (AHA)**, **Keewatin Yatthé Regional Health Authority (KYRHA)** and **Mamawetan Churchill River Regional Health Authority (MCRRHA)**, formalized through a Co-Management Partnership Committee memorandum of understanding. The population is approximately 40,000 within a geographical area of 307,180 square kilometres, almost half the province.

The Population Health Unit (PHU) is responsible for health surveillance and health status reporting; health protection and disease control, including enforcement, as mandated by *The Public Health Act, 1994* and related regulations. In addition, the Unit has a role in population health consultation and advice; population and public health program planning and evaluation; and population health promotion, including: healthy public policy, community development and health education.

The team includes:

- A Medical Health Officer and Deputy Medical Health Officer,
- An Environmental Health Manager, Public Health Inspectors, and Environmental Health Protection Coordinator,
- A Nurse Epidemiologist, Public Health Nurse Specialist, and TB Outreach Nurse,
- A Communicable Disease/Immunization Coordinator, HIV Strategy Coordinator and Community Case Workers,
- Infection Prevention and Control Practitioners (one northern and one provincial position),
- A Dental Health Educator/Technical Consultant; Public Health Nutritionist; and Population Health Promotion Coordinator, and
- Administrative Support Staff, and Director of the Population Health Unit.

The Population Health Unit takes a leadership role in the cross-jurisdictional and intersectoral Northern Healthy Communities Partnership (NHCP). In 2014-15 the Healthy Eating Team expanded its School Nutrition Mentorship Project to include five additional schools and is now working to increase the capacity of nine schools on and off reserve to provide nutritious foods to students. The NHCP Building Vibrant Youth team completed its Northern Youth Role Model Campaign, showcasing youth leaders from across the north and supporting them to implement projects in their home communities and facilitate leadership workshops in Fond du Lac and Pelican Narrows. Ongoing NHCP projects include efforts to promote physical activity, to support maternal tobacco cessation and youth tobacco reduction, and the distribution of children's books at immunizations to promote early literacy skills. In 2014-15 NHCP also engaged new partners and funders, including the Saskatchewan Cancer Agency, the Embracing Life Committee and the Heart and Stroke Foundation of Saskatchewan to enhance our capacity in health promotion initiatives.

Through the use of LEAN tools, Public Health Inspectors increased rates for mandated inspections across the three northern Saskatchewan by 11.6%, from 69.7% in 2013-14 to 81.3 % in 2014-15.

In 2014-15, the Population Health Unit participated in the provincial and northern HIV and high incidence TB strategies, in collaboration with the three northern health authorities. Through supports available for Community-Based Organizations, Scattered Sites initiated a needle exchange program in one community. An HIV awareness initiative engaged northern artists in the creation of images to support the campaign; NORTEP students assisted in the development of an HIV mobile app; and Peer Mentors were engaged in community awareness. Northern leaders and staff participated in the provincial TB visioning session to review service delivery across the province, including high incidence communities in northern Sask, and identify challenges, gaps, and opportunities for improvements. The Population Health Unit is participating in the provincial TB Partnership on behalf of the three northern health authorities.

The Population Health Unit took a lead role the development and User Acceptance Testing of the Panorama Immunization module and supported its deployment throughout the three northern health authorities.

The Population Health Unit assesses health research proposals for Northern Saskatchewan to ensure that they follow quality, safety and ethical guidelines. In 2014-15, the northern health authorities approved nine research projects and declined two. Eight other research projects started in the process this fiscal year. One study was completed through the Community Vitality Monitoring Partnership, chaired by Dr. James Irvine, on the potential impacts of the uranium industry's workers health and wellness programs.

The Population Health Unit was involved in environmental assessment projects at various stages. These reviews are part of our work with the Saskatchewan Environmental Assessment Review Panel (SEARP). As of December 2014, there were five active environmental assessments occurring in the three northern health authorities. The Medical Health Officer also attended hearings of the Canadian Nuclear Safety Commission as a resource person.

The Population Health Unit is providing input into a provincial wide project to increase the capacity for health regions to participate in the environmental assessment process from a community health perspective. A presentation was made on environmental assessment to the Saskatchewan Public Health Inspectors Conference as well as to the Community Medicine and Public Health residents in Saskatchewan and British Columbia.

The Northern Saskatchewan Prenatal Biomonitoring Program for environmental chemicals and contaminants is being conducted through a partnership with the Saskatchewan and Alberta Ministries of Health, and Northern Inter-Tribal Health Authority. During 2014-15, the laboratory and statistical analysis was completed and preparation started on the report.

Physician Services

The authority does not employ physicians, although it does have a contractual arrangement for a part-time Senior Medical Officer (SMO). Following the resignation of Dr. David Stoll in January, 2015, the SMO position is being now shared by Dr. Stephanie Young and Dr. Direse Coetzee.

In La Ronge, physician staffing is facilitated through Northern Medical Services, a division of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend, and Wollaston offering patient care to clients in these communities. In 2014-15, just under 400 outpost clinics were performed by the La Ronge physician group.

Specialist services are also made available in La Ronge in the areas of pediatrics, developmental pediatrics, obstetrics, gynecology, orthopedics, general surgery, ophthalmology, and otolaryngology. Infectious disease clinics are held focusing on TB and on HIV. The visiting specialists hold clinics in the La Ronge Medical Clinic, La Ronge Health Centre and via telehealth.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. There are four La Ronge rural residents in our rural residency program. Two are first year residents and two are second year residents. The physicians also commit time to administrative duties for the health authority, University of Saskatchewan, and provincial committees.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Over all, the physician complement in the region is stable. The growing population and increasing service demands have made access difficult both in La Ronge and the community health centres. The La Ronge Medical Clinic has enhanced the methadone maintenance treatment and HIV management programs with support from the health authority.

In this picture: Dr. Bayda visits with mom and baby Omachew Hal Cook, the La Ronge Health Centre's 2015 New Year's Baby.

Integrated Health Services:

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region. The acute care unit is staffed by registered nurses and licensed practical nurses. Attending physicians are staffed through Northern Medical Services.

In 2014-15, there were 538 admissions to acute care beds. As well, 59 births occurred at the La Ronge Health Centre. There were 14,122 visits to the Emergency Department and a total of 532 clients were kept in "short stay" beds for observation.

Diagnostic Services

Diagnostic Services is comprised of laboratory, x-ray and ultrasound. In 2014-15, 35 inpatient and 1049 outpatient ultrasounds were completed. There were 274 x-ray inpatient exams completed and 3996 outpatient exams.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2014-15 two new clients were admitted to the facility. At the end of the fiscal year, there was a waiting list of 46 individuals.

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2013-14, there were 31 respite admissions.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home Care is a community based service that assists clients to stay in their own homes and communities for as long as possible. This allows them to maintain dignity and independence while enhancing the quality of their lives. Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin/Ramsey Bay. Services provided are based on a provincial standardized assessment tool. Home care nurses provide care and monitoring of clients. Specialist wound care support is provided to outlying communities twice weekly by an ostomy and wound care consultant. Home health aides assist clients with

personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. Meals on Wheels services are offered in La Ronge, Sandy Bay, Creighton and Weyakwin.

Podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly, and periodically in the communities of Sandy Bay and Pinehouse. The podiatrist is assisted by a nurse who provides care and follow-up between visits. The communities of Sandy Bay, Pinehouse, Creighton and Weyakwin, which have home care services, also benefit from regular foot care clinics conducted by home care staff.

Volunteers

Volunteers are people of any age who give time, talent and energy to help other people, for which they seek no compensation. We try to match interests and time schedules with the programs. One of the most important contributions is meals on wheels delivery, seven days a week. Volunteers assist with the seniors' exercise program and the courtyard horticulture program, knitting, shopping, visiting, and baking. We have local partnerships with elementary and post-secondary schools. Persons wanting to volunteer are encouraged to contact their local home care department.

Primary Care

Primary health care is available at the health centres in Pinehouse and Sandy Bay. These are staffed by primary care nurses who work in an expanded role to deliver emergency and non-emergency care to patients, with doctors visiting from La Ronge or Prince Albert on a regular basis. A number of employees are based in La Ronge at the Medical Clinic, work collaboratively with the physicians within the clinic. These include RN's, social workers, and support workers. Residents in the Creighton area can receive primary care through the Northern Health Region in Flin Flon, Manitoba.

Community Health Services:

Addictions & Mental Health

Mental Health and Addictions services in La Ronge, Pinehouse, and Sandy Bay provide education, support and counseling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being and/or addictions.

Youth addictions services in La Ronge are provided off-site at the Kikinahk Friendship Centre. In addition to client services, our youth services include a position dedicated to health promotion, particularly in the areas of mental wellbeing and addictions for youth. Addictions services in Creighton are provided through a contracted service with Creighton Alcohol and Drug Abuse Council (CADAC) and mental health in Creighton is provided directly from an MCR employee. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a full-time Social Work position to provide these services to residents of La Ronge and surrounding area. In addition to the above outpatient services in addictions, MCR also has an eight-bed Social Detox program housed in the La Ronge Health Centre. In 2014-15, there were 821 active mental health clients. There were 216 addictions files opened in 2014-15.

The Scattered Site Community Support program funded by Mamawetan Churchill River Health Region (MCRHR) and provided through North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services. The program has added a mobile unit to enhance outreach services.

As part of the breakthrough initiative for primary care re-design a team based out of the La Ronge Medical Clinic consisting of two full time social work positions and one full time clerical support staff was developed. This team provides education and support for residents accessing the Methadone Maintenance Program and those living with HIV. This team also provides community education on these issues.

In keeping with the provincial agenda of integration of the two services, the Director of Mental Health and the Director of Addictions were combined into one position – Director of Mental Health & Addictions. We will continue on our journey towards full integration and also with making better connection with Primary Care over the next year.

Therapies:

Autism Spectrum Disorders (ASD) Services

ASD Services provide support to individuals affected by ASD by enhancing access to effective and efficient services and supports while enhancing their capacity to function in the community. These services are delivered through a combination of direct service, community resource development and education to children, youth, adults and their families throughout the process of diagnosis of ASD and/or during the implementation of subsequent interventions.

Dietitian Services

The dietitian provides education and support to MCRHR clients with a variety of dietetic needs. Services are offered one day a week out of the La Ronge Medical Clinic and the remainder of the time out of the La Ronge Health Centre. The dietitian also works in MCRHR communities offering programs that promote healthy eating and good health. The dietitian provides consultative services to other MCRHR programs.

Children's Dental Services

MCRHR is taking steps to improve children's oral health by increasing access to dental care, particularly preventive services for children in Northern Saskatchewan. Enhancements have been made to the Region's preventive dental health services for pre-natal mothers, and children age 0-5.

Focus will be on upstream interventions related to improving oral health through prevention and education with the end goal to reduce the need for hospital based general anesthesia treatment services due to extensive dental needs.

Occupational Therapy

Occupational therapy services are aimed at improving life participation though rehabilitation, health promotion, adaptation and equipment acquisition. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services.

Physiotherapy

Physiotherapy services are provided to individuals of all ages within MCRHR, who have physical conditions related to injury, disease, or disability in order to improve mobility and independence. Services include assessment, intervention, consultation, prevention and education, as well as health promotion services. The three physiotherapists provide consultation services to home care and long term care residents. MCRHR does not provide surgery but endeavors to assist the surgical initiative by providing rehabilitative physiotherapy services to residents of MCRHR to prepare patients for and recover from surgery in their home community. Physiotherapy services are also available to patients accessing services through WCB and SGI claims.

Speech & Language Pathology

MCR's Speech-language Pathologist (SLP) provides services focused on early intervention and prevention to children ages 0-60 months within MCRHR. Once the children are of school age therapy services are provided through the school division. The SLP provides consultative services to the Food Services and Long Term Care departments and provides long term care residents with an initial feeding/swallowing assessment and an annual review.

Wellness Grants: 2014-2015

Project	Organization	Community
La Ronge Children's Festival	La Ronge Children's Day Inc.	La Ronge
Pre Cam Community School Summer Day Camps	Pre Cam Community School	La Ronge
GDCS Cooking Classes	Gordon Denny Community School	La Ronge
Northern Warrior Workshop	Northern Warrior Yoga	La Ronge
Girls Wellness at SMVS	SMVS	La Ronge
Teen Girls Wellness Group	Teen Girls Wellness Group- session # 4	La Ronge
The 27th La Ronge and Area Music Festival	La Ronge and Area Music Festival Association	La Ronge
Lunch and Learns	Creighton Community Schools	Creighton
First Night Out Celebrations 2014-2015	Flin Flon Aboriginal Friendship Centre	Flin Flon/Creighton
Mentoring Afterschool Culture and Recreation Program	Pre Cam Community School	La Ronge

Public Health Services:

Public Health Nursing

Public Health Nurses provide services to community groups, families and individuals. Services currently offered through Public Health Nursing are as follows: prevention and education around vaccine preventable diseases and notification and education of communicable disease, annual influenza vaccine program, annual school health programming to include vaccine preventable diseases, international travel health programming around education and vaccine preventable diseases, tuberculosis education and surveillance program, perinatal health, child health and immunization clinics, staff immunization, occupational health, and the harm reduction program including the needle exchange program. Public Health Nurses also act as resources for sexual wellness education and information.

Youth Sexual Wellness

Sexual wellness programs will be offered at the request of Northern Lights School Division and other community areas where the expertise of a health care professional is required. This service may be offered by a public health nurse, primary care nurse, nurse practitioner, social worker, physician, or other designate.

Northern Medical Transportation/Vaccine Clerk

This position makes air/taxi/ambulance travel arrangements for clients and maintains records of clients needing referrals. This position is also responsible for receiving, managing and distributing vaccines.

Community Health Educators (CHEs)

These positions provide support through a range of programs/services including counselling and community awareness/development to help clients achieve mental and emotional balance to meet the needs and challenges of daily living. In particular, CHEs assist public health services in the following areas:

- Tuberculosis program specific to direct observed therapy
- Education and delivery of screening kits regarding prevention of colorectal cancer
- Delivery of Living Well with Chronic Conditions Program implemented in two communities
- Breast cancer mammography screening
- Harm reduction program
- Immunization awareness
- Prenatal classes

Support Services:

Telehealth

Telehealth enhances the ability to provide patient care, regardless of geographic location. The region currently has four communities with Telehealth services:

- La Ronge (3 sites – 2 at the Health Centre 1 at the Medical Clinic)
- Pinehouse
- Sandy Bay
- Creighton

In 2014-15, 146 clinical patients were seen via Telehealth for a total of 65,000 km travel saved by staff and clients.

Information Technology

Information Technology is responsible for general information technology support, telehealth, phone system, computer infrastructure, and implementation of new technology/systems.

Health Information Services

Health Information Services is responsible for the release of information, proper maintenance of La Ronge Health Centre patient records, coding, and abstracting of inpatient data.

Facilities and Operations

Facilities and operations consist of maintenance, security, regional vehicle coordination; coordination of facility renovations and upgrades; Environmental Services responsible for infection control and cleaning of La Ronge Health Centre, linen/laundry; Food Services responsible for delivering meals to clients both at La Ronge Health Centre and meals on wheels program, as well as the cafeteria.

Financial Services

Financial Services functions under the Director of Finance to ensure fiscal responsibility and planning occur to meet the Health Authority's obligations to the public. The department is responsible for maintaining financial accounting, payroll, invoicing, and accounts payable and receivable.

Human Resources

Human Resources is responsible for general human resource functions, payroll, benefits, representative workforce, labour relations, staff orientation, and recruitment and retention duties.

Emergency Preparedness

Emergency Preparedness is responsible for the development and training for emergency plans, phone fan-out maintenance, First Responder training, coordination with EMS services and basic-to-intermediate air medevac quality control monitoring.

Employee Safety

Employee Safety is responsible for Occupational Health and Safety (OH&S) training coordination, OH&S committee coordination, safety management system, regional infection control.

Communications

The Health Authority communications are coordinated through the Director of Communications. This position works with management and staff to ensure ongoing and accurate and timely communication on health issues that may impact or be of interest to the public. The position acts as a public relations manager, which includes public, client, and staff engagement activities. The Director of Communications supports the coordination of Board activities, produces print and digital media, supports internal and external communication processes, coordinates media inquiries and releases, and ensures the flow of information between the Ministry of Health and other stakeholders.

Kaizen Promotion Office

The Kaizen Promotion Office (KPO) is responsible for building capacity for continuous improvement in MCRHR by promoting Lean principles and tools and by supporting the region's improvement activities. The KPO assists and coaches leaders as they manage improvement projects such as mistake proofing, 5S, and Rapid Process Improvement Workshop's (RPIWs). Other duties and functions within the KPO include privacy, client concern handling, accreditation coordination, patient safety (including patient safety reporting and critical incident management), all with a patient and family centred care approach.

The KPO is made up of the Director of Kaizen Promotion Office, two Kaizen Coordinators and the Clinical Risk Management Coordinator.

Progress in 2014-15

The Mamawetan Churchill River Regional Health Authority, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2014-15. This was achieved through the region's program activities, participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Highlights show progress towards our selected breakthrough initiative as determined through the strategy deployment process. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the four "betters" (Better Health, Better Care, Better Teams, and Better Value), and the five year outcomes and targets of the health care system.

In 2014-15, regional health authorities continued work on Hoshin Kanri (strategy deployment). Mamawetan Churchill River Health Region started the fiscal year with one breakthrough initiative, Primary Care Re-design.

Hoshin Kanri is an evolving process, with that, lessons we have learned include:

- Setting the parameters of a project appropriately, by ensuring that actions are clearly defined and tied to measures,
- Involving all levels of the organization,
- Recognizing the importance of managing with measures,
- Understanding our own internal priorities, processes, and areas for improvement.
- Knowing the priorities of other organizations and how those may impact the Health Region,
- Managing resources appropriately, and
- Factoring in the time needed for daily routine work that cannot be ignored.

Under each "better" below are the results of the breakthrough initiative along with other issues and situations that were addressed in 2014-15.

Better Health

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's outcome that by 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions: Diabetes, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Depression, and Asthma.

By March 31, 2020, 80% of patients with these six common chronic conditions will be receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMR) and the electronic health record (EHR) viewer.

By 2017, there will be a 50% improvement in the number of people who say "I can access my primary healthcare team for care on my day of choice either in person, on the phone or via other technology."

Results:

Implementation of EMR

Work is ongoing to expand access of health providers to the EMR. Conversations have continued with First Nations providers to share the EMR. Implementation of the diabetes chronic disease management quality improvement project (CDM-QIP) form was completed and is currently being utilized by both the RN Case Managers and the physicians. Expansion of EMR services also happened during the 2014-15 year, with physiotherapy and other rehabilitation services now accessing the EMR at the La Ronge site. Planning is underway for further expansion into the Sandy Bay Health Centre.

Primary Healthcare Access

A change was made to the care delivery model in July 2014 whereby there was the creation of four Registered Nurse Case Manager (RNCM) positions. The process of creating policies, procedures and standard work was started to ensure proper documentation and training to allow for the RNCMs to deliver safe and effective services to the patients.

A review of workload in February 2015 indicates where the RNCMs' time is spent. The breakdown is as follows:

40% - Chronic disease care, management and coordination

15% - Sexually transmitted infections

15% - Pregnancy tests/prenatal exams

15% - Injections such as respiratory syncytial virus (RSV), contraceptives and chronic conditions.

15% - Other items such as communicable disease follow-up, coordination of service, prescription refills, incoming calls, etc.

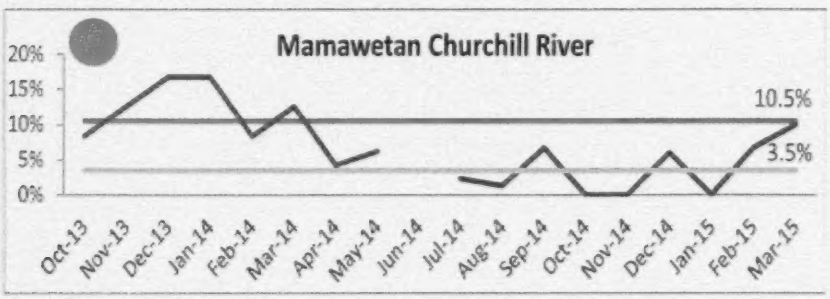
Better Care

The Mamawetan Churchill River Regional Health Authority supports the number of alternate level of care (ALC) days across the province and in each region at no more than 3.5% of total.

Results:

Long-term Care Clients - As of March 31, 2015, there are 46 people on the long-term care waiting list for La Ronge Health Centre.

The health region has been working with the Ministry of Health on expansion of long-term care beds in the region. The graph below indicates the monthly percentage of patients admitted to Acute Care who are awaiting placement to a long-term care bed.



By March 31, 2019 there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

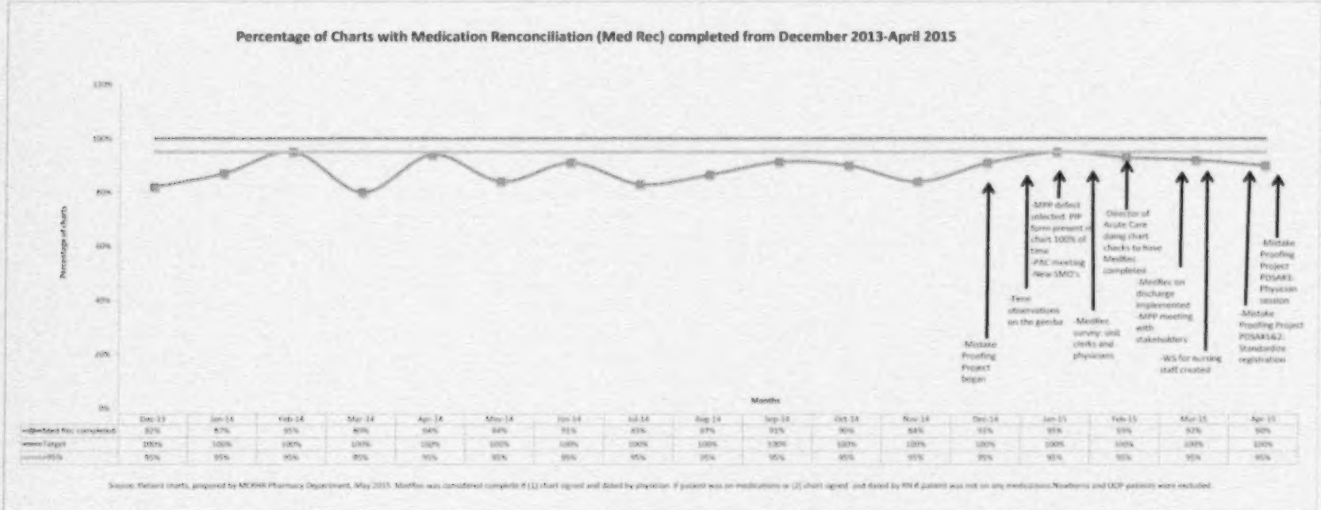
Results:

Ultrasound - As of March 24, 2015, the next available routine ultrasound appointment was for June 3, 2015. Funding was received to recruit a second ultrasound technologist.

Better Teams

The Mamawetan Churchill River Regional Health Authority supports the provincial health system's five year improvement outcome to achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

Results:



Improvement of medication reconciliation on admission to Acute Care – work continued with ensuring staff were accessing the electronic pharmacy system, educating them on medication reconciliation, creating measures and putting checks in place to ensure that medication reconciliation was completed on each patient admitted to the ward. A mistake-proofing team and project was started in late 2014. The chart above shows the progress on a monthly basis throughout the year with noted milestones from the mistake proofing project.

By March 2016 there will be zero shoulder and back injuries.

Results:

In the calendar year of 2014, MCRHR had **13** time loss claims and **34** claims with no time lost. Of the **47** total claims, **23** of these indicated injury to neck, shoulder or back. This resulted in **60** days away from the workplace. The following list is a breakdown of the method of injury:

Client/Patient Moving – **4**

Slip & Fall – **20**

Equipment – **6**

Auto Accident – **0**

Repetitive Injury – **2**

Miscellaneous Muscle Pull/Cramping etc. – **6**

Needle poke/exposure – **6**

140 total incidents reported

Better Value

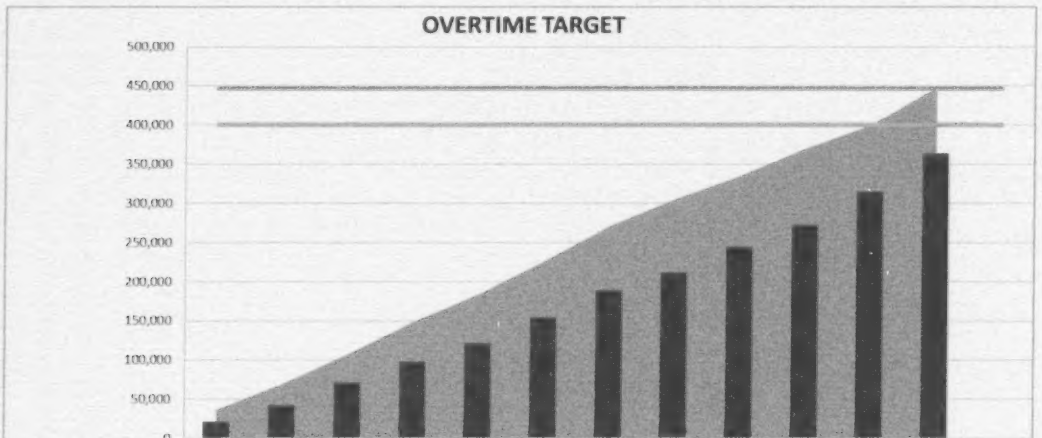
MCR Regional Health Authority supports the provincial health system's five year improvement outcome to bend the cost curve by lowering status quo growth by 1.5% by March 2017.

By March 31, 2015, we will have spent 1% less on straight time worked hours and premium hours than in 2013/14, resulting in approximately $20M savings to the system

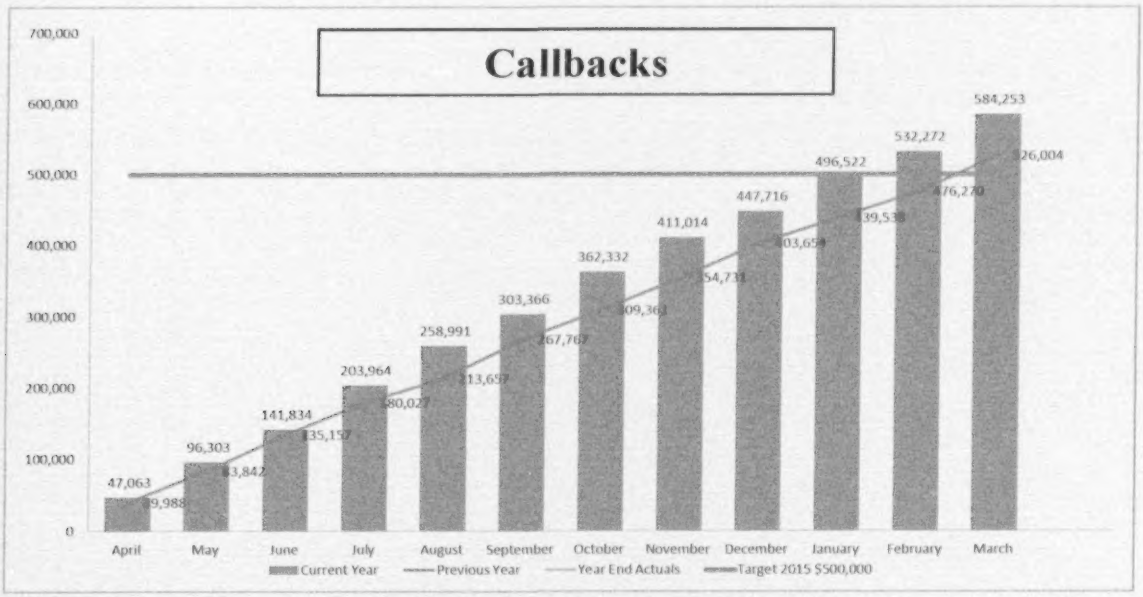
Results:

Year-end financial indicators for sick leave, overtime, and call backs were close to provincial targets; management will continue to focus effort to improve on the current achievements.

	April	May	June	July	August	September	October	November	December	January	February	March
Previous Year	51,573	106,126	154,061	198,209	234,372	287,956	337,032	388,746	429,551	484,886	535,049	602,961
Current Year	55,118	101,322	145,043	198,093	240,686	292,860	346,335	392,693	445,451	503,037	541,810	600,205
Actual 2014	603,000	603,000	603,000	603,000	603,000	603,000	603,000	603,000	603,000	603,000	603,000	603,000
Target 2015	589,000	589,000	589,000	589,000	589,000	589,000	589,000	589,000	589,000	589,000	589,000	589,000



	April	May	June	July	August	Septbr	Octobr	Novembr	Decembr	January	February	March	
Previous Year	36,398	68,962	106,784	148,021	183,357	225,149	270,287	304,644	334,738	369,411	399,732	447,179	
Current Year	20,749	42,001	71,205	97,621	121,236	154,022	189,555	211,482	244,178	272,365	314,668	363,105	
Actual Year End 2014	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000	447,000
Target 2015	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000	400,000



By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5% per year.

Results:

3sHealth provides province-wide shared services to support Saskatchewan's healthcare system. Working together with partners, 3sHeath finds innovative solutions to complex problems to help create a sustainable system for future generations. 3sHealth places patients and their families at the centre of all that they do, working with partners to improve quality and ensure patient safety.

In 2014-15, 3sHealth developed five values that guide our work, priorities, and interactions with clients and stakeholders. They are:

- Collaboration
- Innovation
- Integrity and trust
- Transparency
- Bold and courageous leadership

In alignment with those values and together with the health regions and the Saskatchewan Cancer Agency, 3sHealth celebrated the following key achievements in 2014-15:

- Surpassed its five-year cost savings goal of $100 million for the healthcare system, saving over $110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives.
- Completed, in partnership with Regina Qu'Appelle Health Region and Wascana Rehabilitation Centre, a lean replication event that improved linen handling and inventory management in long-term care units.

- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system.
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families.

Management Report

Mamawetan Churchill River Health Region

Working together in wellness to promote, enhance and maintain quality of life.

June 12, 2015

MAMAWETAN CHURCHILL RIVER HEALTH REGION

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew McLetchie
Chief Executive Officer

David Zarazun
Director of Corporate Services

2013-14 Financial Overview

The Mamawetan Churchill River Health Region (MCRHR) is responsible for the management of financial resources as well as health care services. In 2014-15, MCRHR ended the year with an operating deficit of $175,888. Actual operating revenues of $31, 514, 136 were $341, 011 higher than the budgeted reveues of $31, 173, 125. Of those revenues the Ministry of Health provided 89% and other provincial revenue accounted for 6.75% of the year's total. For the 2014-15 year, the total operating expenses were $31, 690, 024, which was $613, 524 more than the budget of $29, 787, 676.

Below is an analysis of the main programs impacting operating expenses:

	2015 Budget	2015 Actual	Variance	% Variance
Inpatient and Resident Servises	$ 4,471,000	$ 4,711,702	$ 240,702	5.4%
Diagnostic & Theraputic Services	2,360,000	2,226,767	(133,233)	-5.6%
Community Health Services	15,705,100	16,094,622	389,522	2.5%
Support Services	7,647,200	7,782,949	135,749	1.8%
Total	$ 30,183,300	$ 30,816,040	$ 632,740	2.1%

The variance in inpatient and resident services is mainly due to lack of relief staff to cover vacancies that occur throughout the year. This results in staff being paid at overtime rates to cover vacancies.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2015

Deloitte.

Deloitte LLP
#5 - 77 - 15th Street East
Prince Albert SK S6V 1E9
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

Independent Auditor's Report

To the Board of Directors of the
Mamawetan Churchill River Regional Health Authority

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority, which comprise the statement of financial position as at March 31, 2015 and the statements of operations, changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2015 and the results of its operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Deloitte LLP

Chartered Professional Accountants

May 19, 2015
Prince Albert, Saskatchewan

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2015

	Operating Fund	Restricted Capital Fund	Restricted Community Trust Fund	Total 2015	Total 2014
ASSETS					
Current assets					
Cash	$ 3,053,662	$ 812,107	$ 21,021	$ 3,886,790	$ 4,404,102
Accounts receivable	916,234	23,464	-	939,698	685,001
Inventory	219,167	-	-	219,167	203,601
Prepaid expenses	160,199	51,537	-	211,736	144,755
	4,349,262	887,108	21,021	5,257,391	5,437,459
Capital assets (Note 3)	-	8,872,328	-	8,872,328	9,115,927
Total Assets	$ 4,349,262	$ 9,759,436	$ 21,021	$ 14,129,719	$ 14,553,386
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 471,859	$ 57,786	$ -	$ 529,645	$ 1,235,168
Accrued salaries	988,562	-	-	988,562	704,072
Vacation payable	1,235,443	-	-	1,235,443	1,111,132
Bank loan payable – Current (Note 5)	-	-	-	-	95,319
Deferred revenue (Note 6)	680,041	-	-	680,041	467,800
	3,375,905	57,786	-	3,433,691	3,613,491
Long term liabilities					
Employee future benefits (Note 11)	784,800	-	-	784,800	744,300
Total Liabilities	4,160,705	57,786	-	4,218,491	4,357,791
Fund Balances:					
Invested in capital assets	-	8,866,079	-	8,866,079	9,020,608
Externally restricted (Schedule 3)	-	788,978	21,021	809,999	308,196
Internally restricted (Schedule 4)	-	46,593	-	46,593	105,078
Unrestricted	188,557		-	188,557	761,713
Fund balances – (Statement 3)	188,557	9,701,650	21,021	9,911,228	10,195,595
Total Liabilities & Fund Balances	$ 4,349,262	$ 9,759,436	$ 21,021	$ 14,129,719	$ 14,553,386

Contractual obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

Betsy Kelly

The accompanying notes and schedules are part of these financial statements.

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
For the Year Ended March 31, 2015

	Operating Fund			Restricted			
	Budget 2015	2015	2014	Capital Fund 2015	Community Trust Fund 2015	Total 2015	Total 2014
REVENUES							
Ministry of Health - general	$ 28,038,996	$ 28,024,000	$ 26,663,496	$ 85,000	$ -	$ 85,000	$ 20,000
Other provincial	1,021,020	2,131,990	2,056,539	566,084	-	566,084	-
Federal government	9,996	19,343	20,023	-	-	-	-
Patient & client fees	393,000	366,465	390,782	-	-	-	-
Out of province (reciprocal)	54,996	43,200	43,968	-	-	-	-
Out of country	-	9,831	1,064	-	-	-	-
Donations	-	800	-	56,311	-	56,311	3,480
Ancillary	125,004	123,938	122,634	-	-	-	-
Investment	45,000	45,110	44,660	5,032	19	5,051	5,647
Recoveries	432,804	540,983	588,523	-	-	-	-
Other	1,052,309	208,476	176,479	-	-	-	180,175
Total revenues	**31,173,125**	**31,514,136**	**30,108,168**	**712,427**	**19**	**712,446**	209,302
EXPENSES							
Inpatient & resident services							
Nursing Administration	-	-	1,248	655,981	-	655,981	626,366
Acute	3,600,000	3,704,490	3,626,632	7,852	-	7,852	525
Supportive	871,000	1,007,212	892,813	61,526	-	61,526	-
Total inpatient & resident services	4,471,000	4,711,702	4,520,693	725,359	-	725,359	626,891
Physician compensation	874,500	856,866	943,737	-	-	-	-
Ambulatory care services	-	-	-	-	-	-	-
Diagnostic & therapeutic services	2,360,000	2,226,767	1,955,370	-	-	-	-
Community health services							
Primary health care	3,176,000	3,276,069	3,180,426	-	-	-	-
Home care	1,890,900	2,059,199	1,938,053	-	-	-	-
Mental health & addictions	3,597,800	3,315,560	3,602,335	-	-	-	-
Population health	4,745,900	5,165,597	4,956,066	25,417	-	25,417	-
Emergency response services	1,530,000	1,482,149	1,401,514	-	-	-	-
Other community services	764,500	796,048	457,159	-	-	-	-
Total community health services	15,705,100	16,094,622	15,535,553	25,417	-	25,417	-
Support services							
Program support	4,178,700	4,434,202	3,662,669	69,299	-	69,299	6,626
Operational support	3,428,000	3,277,299	3,134,780	-	-	-	-
Other support	-	30,948	36,979	-	-	-	-
Employee future benefits	40,500	40,500	34,800				
Total support services	7,647,200	7,782,949	6,869,228	69,299	-	69,299	6,626
Ancillary	18,700	17,118	17,138	-	850	850	42
Total expenses (Schedule 1)	31,076,500	31,690,024	29,841,719	820,075	850	820,925	633,559
Excess (deficiency) of revenues over expenses	$ 96,625	$ (175,888)	$ 266,449	$ (107,648)	$ (831)	$ (108,479)	$ (424,257)

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2015

2015	Operating Fund	Capital Fund	Community Trust Fund	Accumulated Remeasurement Gains (losses)	Total
Fund balance, beginning of year	$ 761,713	$ 9,412,030	$ 21,852	$ -	$ 10,195,595
Excess (deficiency) of revenues over expenses	(175,888)	(107,648)	(831)	-	(284,367)
Interfund transfers (Note 10)	(397,268)	397,268	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	$ 188,557	$ 9,701,650	$ 21,021	$ -	$ 9,911,228

2014	Operating Fund	Capital Fund	Community Trust Fund	Accumulated Remeasurement Gains (losses)	Total
Fund balance, beginning of year	$ 601,372	$ 9,730,377	$ 21,654	$ -	$ 10,353,403
Excess (deficiency) of revenues over expenses	266,449	(424,455)	198	-	(157,808)
Interfund transfers (Note 10)	(106,108)	106,108	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	$ $ 761,713	$ 9,412,030	$ 21,852	$ -	$ $ 10,195,595

The accompanying notes and schedules are part of these financial statements.

Statement 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2015

	Operating Fund		Restricted Fund			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenues over expenses	$ (175,888)	$ 266,449	$ (107,648)	$ (831)	$ (108,479)	$ (424,257)
Net change in non-cash working capital (Note 7)	(372,809)	575,203	(8,416)	-	(8,416)	11,281
Amortization of capital assets	-	-	655,981	-	655,981	626,366
	(548,697)	841,652	539,917	(831)	539,086	213,390
Capital activities:						
Purchase of capital assets						
Buildings	-	-	-	-	-	(39,044)
Equipment	-	-	(412,382)	-	(412,382)	(226,716)
	-	-	(412,382)	-	(412,382)	(265,760)
Investing activities:						
Purchase of long-term investment	-	-	-	-	-	-
	-	-	-	-	-	-
Financing activities:						
Repayment of debt	-	-	(95,319)	-	(95,319)	(100,276)
	-	-	(95,319)	-	(95,319)	(100,276)
Net increase (decrease) in cash during the year	(548,697)	841,652	32,216	(831)	31,385	(152,646)
Cash, beginning of year	3,999,627	3,264,083	382,623	21,852	404,475	451,013
Interfund transfers (Note 10)	(397,268)	(106,108)	397,268	-	397,268	106,108
Cash, end of year (Schedule 2)	$ 3,053,662	$ 3,999,627	$ 812,107	$ 21,021	$ 833,128	$ 404,475

The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. The RHA has also adopted section PS 3260, Liability for Contaminated Sites, as further explained in Note 16.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organization (HCOs) and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenue. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

2. Significant Accounting Policies (continued)

b) Fund Accounting (continued)

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

2. Significant Accounting Policies (continued)

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Public Sector Accounting Standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

2. Significant Accounting Policies (continued)

h) Financial Instruments

Cash, accounts receivable, accounts payable, accrued salaries, vacation payable and bank loan payable are classified in the amortized cost category.

As at March 31, 2015 (2014 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

3. Capital Assets

	2015			2014
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 407,572	$ -	$ 407,572	$ 407,572
Buildings	13,531,750	6,209,805	7,321,945	7,660,238
Equipment	5,035,634	3,892,823	1,142,811	1,048,117
	$ 18,974,956	$ 10,102,628	$ 8,872,328	$ 9,115,927

4. Contractual Obligations

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next four years are as follows:

2016	70,659
2017	40,326
2018	12,719
2019	9,539

b) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

c) Air Medevac Contract

The RHA has entered into a contract with Transwest Air for supply of Air Medevac services. The original contract was in place for the period June 1, 2010 to March 31, 2015 and has been extended to December 31, 2015 The RHA has committed to pay a monthly retainer of $26,500 plus GST for the provision of these services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

5. Bank Loan Payable

The RHA entered into a loan agreement with the bank to fund the installation of natural gas at the La Ronge Health Centre. The balance owing at March 31st 2015 was nil (2014 - $95,319), as it matured in February 2015.

6. Deferred Revenue

	Balance March 31, 2014	Less Amount Recognized	Add Amount Received	Balance March 31, 2015
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund				
Bursaries	$ 20,000	$ (4,000)	$ -	$ 16,000
Enhanced Preventative Dental	133,750	(181,713)	340,470	292,507
Infection Control (IPAC funding)	-	(5,000)	20,000	15,000
Total Sask Health	**153,750**	**(190,713)**	**360,470**	**323,507**
Non Sask Health Initiatives				
Kids First North Mental Screening	17,237	(155,279)	171,159	33,117
Northern Regional Intersectoral Committee	237,388	(190,050)	241,137	288,475
SUN Recruitment and Retention	32,165	-	-	32,165
Victim Services	11,893	(86,224)	77,108	2,777
Northern Healthy Community Partnerships	13,738	(13,738)	-	-
TB Education - TB outreach	1,629	(1,629)	-	-
Total Non Sask Health	**314,050**	**(446,920)**	**489,404**	**356,534**
Total Deferred Revenue	**$ 467,800**	**$ (637,633)**	**$ 849,874**	**$ 680,041**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2015	2014	Capital Fund	Community Trust Fund	Total 2015	Total 2014
(Increase) Decrease in accounts receivable	$ (260,985)	$ 253,564	$ 6,288	$ -	$ 6,288	$(8,515)
(Increase) Decrease in inventory	(15,566)	(52,086)	-	-	-	-
(Increase) Decrease in prepaid expenses	(15,444)	23,308	(51,537)	-	(51,537)	-
Increase (Decrease) in accounts payable	(742,356)	308,227	36,833	-	36,833	19,796
Increase (Decrease) in accrued salaries	284,490	330,259	-	-	-	-
Increase (Decrease) in vacation payable	124,311	(62,035)	-	-	-	-
Increase (Decrease) in employee future benefits	40,500	34,800	-	-	-	-
Increase (Decrease) in deferred revenue	212,241	(260,834)	-	-	-	-
	$ (372,809)	$ 575,203	$ (8,416)	$ -	$(8,416)	$11,281

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2015 was $35,237 (2014 - $47,961). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

9. **Related Parties** – (continued)

	2015	2014
Revenues		
Saskatchewan Government Insurance	$ 15,122	$ 42,601
Other RHAs	181,973	271,933
Other	255,676	291,828
	$ 452,771	$ 606,362
Expenses		
Saskatchewan Association of Health Organization	$ 858,430	$ 833,274
Ministry of Government Services	618,527	802,763
Worker's Compensation Board	304,292	272,243
North Sask Laundry & Support Services Ltd.	216,020	215,436
Saskatchewan Telecommunications	164,873	158,065
Public Employee Superannuation Plan	129,290	142,688
Saskatchewan Healthcare Employee's Pension Plan	2,432,738	2,139,425
Saskatchewan Power Corporation	155,293	147,107
Saskatchewan Energy Corp	90,460	59,961
Other RHA's	176,615	369,206
Northland College	250,000	236,483
Other	477,566	56,757
eHealth Saskatchewan	51,568	33,520
	$ 5,925,672	$ 5,466,928
Accounts Receivable		
Other RHA's	$ 158,711	$ 158,711
eHealth Saskatchewan	2,520	-
Ministry of Health	57,145	-
Other	18,685	1,397
	$ 237,061	$ 160,108
Prepaid Expenditures		
Workers Compensation	$ 77,075	$ 54,346
	$ 77,075	$ 54,346
Accounts Payable		
Saskatchewan Property Management Corporation	$ 23,877	$ 181,638
3sHealth	18,914	18,536
eHealth Saskatchewan	33,273	-
Saskatchewan Power	19,548	20,921
Northland College	-	236,483
Northsask Laundry	19,706	36,049
	$ 115,318	$ 493,627

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

9. Related Parties – (continued)

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Prescribed Health Care Organization (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2015	2014
Creighton Alcohol and Drug Abuse Council Inc.	$ 182,892	$ 183,030
La Ronge Emergency Medical Services	1,007,865	839,249
Nor-Man Regional Health Authority	48,000	45,000
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.,	206,916	206,911
Pelican Narrows Ambulance Services 617500 Saskatchewan Ltd.	100,000	100,000
	$ 1,545,673	$1,374,190

10. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2015			2014		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Other	$ (397,268)	$ 397,268	$ -	$ (106,108)	$ 106,108	$ -

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth)(a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the Saskatchewan Association of Healthcare Organization (SAHO) Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2015				2014
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	236	0	10	246	242
Member contribution rate, percentage of salary	8.1-10.7%*	3.00-5.00%*	3.00-5.00%*		
RHA contribution rate, percentage of salary	9.072-11.984%	3.00-5.00%*	3.00-5.00%*		
Member contributions (thousands of dollars)	1,148	0	62	1,210	1,075
RHA contributions (thousands of dollars)	1,286	0	67	1,353	1,200

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2015. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

11. Employee future benefits (continued)

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ration of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2015. Key assumptions used as inputs into the actuarial calculation are as follows:

	March 31, 2015	March 31, 2014
Discount rate	1.90%	2.85%
Earnings increase	0.5% - 2%	
Mortality rates	CPM 2014 Public Table with 2D Projections using CPM Scale B	UP-1994 Mortality Table projected to 2020 using Scale AA
Termination rate	0.010 - 0.119	
Retirement rate	Before member reaches Rule of 80 (age plus service equals at least 80): 2% at age 55 for members who have between 10 and 22 years of service 1% at age 60 for members who have between 6 and 9 years of service 4% at age 60 for members who have between 10 and 17 years of service 0% at all other ages and service where member does not meet Rule of 80 After member reaches Rule of 80: 8% for ages under 55 35% at age 55 for members who have between 25 and 26 years of service (between 80 and 81 points) 25% at age 55 for members who have at least 27 years of service (at least 82 points) 12% for ages between 56 and 59 where the member has between 80 and 81 points 8% for ages between 56 and 59 where member has at least 82 points 25% for ages between 60 and 61 where the member has between 80 and 81points 19% for ages between 60 and 61 where the member has at least 82 points 19% for ages between 62 and 64 Irrespective of the rates shown above, the retirement rates for ages 65 and older are equal to 100%	

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

11. Employee future benefits (continued)

Retirement rates at any other combination of age and service not described above are 0%

	2015	2014
Accrued benefit obligation, Beginning of year	$ 744,300	$ 709,500
Cost for the year	156,800	156,300
Benefits paid during the year	(116,300)	(121,500)
Accrued Benefit Obligation, End of Year	$ 784,800	$ 744,300

12. Budget

The RHA Board approved the 2015 budget plan on May 20, 2014.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson to the Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health, Patients, GST rebate, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

13. Financial Instruments (continued)

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash	$ 3,886,790	$ 4,404,102
Accounts receivable		
Ministry of Health - General Revenue Fund	57,145	-
Other	882,553	685,001
	$ 4,826,488	5,089,103

The RHA manages its credit risk surrounding cash by dealing solely with reputable banks and financial institutions.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, and in the normal course of operations is not party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

13. Financial Instruments (continued)

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $3,886,790 (2014 - $4,404,102).

f) Fair value

The carrying value of cash, accounts receivable, accounts payable, accrued salaries and vacation payable approximates their fair value due to their immediate or short term nature.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers $21,021 (2014 - $21,852) under these agreements.

15. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

16. Changes in Accounting Policy

Effective April 1, 2014 the RHA prospectively adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of a chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2015

16. Changes in Accounting Policy (continued)

This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists;
- contamination exceeds the environmental standard;
- the RHA:
  - is directly responsible; or
  - accepts responsibility;
- the RHA expects that future economic benefits will be given up; and
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the measurement and recognition of liabilities in the RHA's 2015 financial statements.

17. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired on March 31, 2014. The Health Sciences Association of Saskatchewan (HSAS) expired on March 31, 2013. The Saskatchewan Government and General Employees' Union (SGEU) contract is in effect until March 31, 2017.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2015

	Budget 2015	Actual 2015	Actual 2014
Operating:	(unaudited)		
Advertising & public relations	$ 28,900	$ 19,617	$ 25,240
Board costs	108,000	98,858	82,933
Compensation - benefits	4,581,000	4,494,773	4,181,504
Compensation - salaries	17,282,200	17,812,005	16,679,907
Future employee benefits	-	40,500	34,800
Continuing education fees & materials	284,500	96,836	135,525
Contracted-out services - other	1,260,700	966,343	1,079,838
Diagnostic imaging supplies	1,500	3,652	1,150
Dietary supplies	3,000	2,006	2,642
Drugs	259,800	324,106	206,452
Food	211,400	209,624	198,493
Grants to ambulance services	1,143,000	1,230,742	1,073,374
Grants to health care organizations & affiliates	397,200	380,364	397,994
Housekeeping & laundry supplies	37,000	27,700	32,010
Information technology contracts	102,000	103,655	106,403
Insurance	50,000	44,884	44,001
Interest	7,000	4,742	6,827
Laboratory supplies	150,600	144,274	164,068
Medical & surgical supplies	342,500	359,164	330,248
Medical remuneration & benefits	829,800	879,813	958,595
Meetings	40,700	24,993	41,657
Office supplies & other office costs	312,900	360,997	385,762
Other	242,100	354,120	444,567
Professional fees	427,000	498,381	407,663
Purchased salaries	86,500	596,240	350,719
Rent/lease/purchase costs	714,900	648,467	595,036
Repairs & maintenance	652,900	648,481	458,403
Supplies - other	214,900	184,850	203,354
Therapeutic supplies	1,500	1,588	954
Travel	1,040,000	863,919	988,046
Utilities	263,000	264,330	223,554
Total Operating Expenses	31,076,500	31,690,024	29,841,719
Restricted:			
Amortization		655,981	626,366
Other		164,094	7,151
Ancilliary		850	42
		$ 820,925	$ 633,559

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As of March 31, 2015

	2015	2014
Restricted Investments		
Cash and Short Term Investments		
Chequing and Savings:	$ -	$ -
Flin Flon Royal Bank	3,684	4,474
Conexus Credit Union	1,241	1,241
Conexus Credit Union	16,096	16,137
La Ronge CIBC	812,107	382,623
	$ 833,128	$ 404,475
Unrestricted Investments		
Cash		
Chequing and Savings - CIBC Bank	$ 3,052,637	$ 3,998,602
Cash	1,025	1,025
Total Cash	$ 3,053,662	$ 3,999,627
Restricted & Unrestricted Totals		
Total cash	$ 3,886,790	$ 4,404,102

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2015

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Creighton Home Care	$ 4,473	$ 4	$ -	$ 795	$ -	$ 3,682
La Ronge Home Care	14,499	15	-	-	-	14,514
PineHouse Home Care	979	-	-	29	-	950
Sandy Bay Home Care	1,241	-	-	-	-	1,241
Weyakwin Home Care	660	-	-	26	-	634
Total Community Trust Fund	**$ 21,852**	**$ 19**	**$ -**	**$ 850**	**$ -**	**$ 21,021**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives - Equipments	$ 168,666	$ 66,084	$ 40,000	$ (25,417)	$ (40,667)	208,666
Sask Health Initiatives - Capital Projects	117,678	500,000	45,000	(58,024)	-	604,654
	$ 286,344	$ 566,084	$ 85,000	$ (83,441)	$ (40,667)	$ 813,320
Non Sask Health Initiatives	-	56,311	-	(80,653)	-	(24,342)
Total Capital Fund	**$ 286,344**	$ 622,395	$ 85,000	$ (164,094)	$ (40,667)	**$ 788,978**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2015

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Other Internally Restricted Funds	$ 105,078	$ 5,032	$ 397,268	$ -	$(460,785)	$ 46,593
Total Internally Restricted	$ 105,078	$ 5,032	$ 397,268	$ -	$(460,785)	$ 46,593

Schedule 5 A

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF:
BOARD MEMBER REMUNERATION
for the year ended March 31, 2015

	2015							2014
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Ron Woytowich	$ 9,960	$ 11,369	$ 3,062	$ 5,336	$ -	$ 1,007	$ 30,734	$ 38,042
Joe Hordyski	-	-	-	-	-	-	-	418
Lorraine Bear	-	2,037	2,987	4,329	-	216	9,569	16,819
Marlene Barzelle	-	5,200	2,526	5,216	-	265	13,207	15,722
Jean (Betsy) Kelly	-	2,735	1,000	692	-	114	4,541	3,571
Leslie Oystryk	-	4,700	3,786	7,175	-	332	15,993	9,645
Coralee Ylioja	-	1,535	840	2,258	-	81	4,714	3,653
Morris Zatwarnitski		3,188	1,372	2,287	-	-	6,847	-
Total	$ 9,960	$ 30,764	$ 15,573	$ 27,293	$ -	$ 2,015	$ 85,605	$ 87,870

Schedule 5 B

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULES OF:
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2015

	2015					2014
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances [1,2]
Andrew McLetchie, CEO	$190,692	$ 9,104	$199,796	$ -	$199,796	$ 160,751
Sulav Pant, CFO	129,147	9,964	139,111	-	139,111	112,756
David Watts, Executive Director	136,063	8,454	144,517	-	144,517	141,427
Teresa Watt, Executive Director - Operational Support	121,262	8,416	129,678	-	129,678	127,297
Cindy Greuel, Director - Kaizen Promotion Office	-	-	-	-	-	97,372
Donna Stockdale, Director - Population Health	119,864	12,869	132,733	-	132,733	132,208
Sharyn Swann, Executive Director - Community Health*	-	-	-	-	-	103,373
Total	$697,028	$ 48,807	$745,835	$ -	$745,835	$ 875,184

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable:
*Retired December 31, 2013

Appendix A – Organizational Chart

The Mamawetan Churchill River Regional Health Authority is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of January 1, 2015.

Audit and Finance Committee
MCRRHA Board
Governance Committee
Community Advisory Networks
Ethics Committee
Chief Executive Officer Andrew McLetchie
Co-Management Partnership Committee
Executive Assistant Kim Vancoughnett
Medical Health Officer Dr. James Irvine
Director of Finance Sulav Pant
Executive Director of Operational Support Teresa Watt
Director of Kaizen Promotion Office Cindy Greuel
Executive Director of Integrated Health David Watts
Senior Medical Officers Dr. Stephanie Young Dr. Direse Coetzee
Director of Population Health Unit Donna Stockdale
Emergency Preparedness Coordinator Kim Ann Bell
Director of Communications Elaine Kaloustian
Kaizen Coordinators
Director of Acute Care Genevieve Chartrand
Population Health Unit Programs
Finance
Director of Human Resources David Zarazun
Risk Management Coordinator Chalsey Klassen
Director of Mental Health & Addictions Denise Legebokoff
Payroll
Director of Information Management Curtis Skalicky
Director of Primary Health Care Melanie Beal
Director of Facilities & Operations Michelle Mackay
Director of Seniors' Care Laurie Zarazun
Director of Therapies Justin Galloway

Appendix B - Payee List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2015

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more. CEO Pay for Performance was suspended during the 2014-15 fiscal year.

Ahenakew, Wendy	$	91,221	Frain, Amanda	$	51,098
Ali, Reynold		68,733	Franks, Albert		53,970
Anderson, Debbie		58,975	Friesen, Crystal		88,840
Aubichon, Melanie		84,075	Galloway, Justin		116,284
Ball, Rance		51,664	Galloway, Pat		103,065
Beal, Melanie		123,083	Goulet, Mildred		95,171
Beaudin, Donovan		81,388	Gray, Janet		88,235
Beckman, Bart		65,327	Greuel, Cindy		116,946
Bell, Kim Ann		76,566	Greuel, Bradley		54,583
Bernabe, Tex		51,010	Grimard, JoAnne		62,422
Bouter, Bernice		66,506	Haberman, Cory		104,669
Boyer, BM Audrey		85,690	Halland, Rachel		89,503
Bratberg, Larene		107,848	Hallberg, Dianne		92,694
Brock, Trent		93,133	Hamilton-Trottie, Bonnie		65,538
Browett, Rochelle		90,717	Hancheroff, Selena		51,661
Brown, Todd		248,858	Harbicht, Melissa		59,660
Brown, Michelle		70,478	Haydukewich, Karien		97,608
Burkholder, Joanne		93,205	Hegedus, Ariana		85,618
Burman, L Debora		72,582	Helary, Meaghan		71,361
Caisse, Donald		69,716	Hiebert, Julia		83,414
Carlson, Carol		56,611	Hilderman, Deb		55,580
Catte, Luanne		67,767	Holmes, Alida		203,632
Charles, Maryanne		82,778	Horne, Sandra		58,107
Chartrand, Genevieve		118,896	Irving, Margaret		61,590
Declare, Kendra		52,846	Jack-Frazer, Penny		77,823
Derouin, Alecia		82,713	Jacob, Anil		61,722
DesRoches, Wendy		84,191	Johnson, Jennifer		104,680
Dufresne, Victor		51,422	Johnston, Laura Lee		56,556
Eldridge, Rhonda		52,265	Joseyounen, Therese		78,710
Facci, Marina		122,255	Kaloustian, Elaine		89,023
Finlay, Wanda		50,734	Kaur, Paramjeet		52,352

Personal Services (continued)

Keast, Kristine	$	62,970	Natomagan, Jackie	$	102,412
Keddie, Brian		165,508	Natomagan, Janice		97,560
Ketzmerick, Christa		99,803	Neethling, Yogandhri		85,049
Knife, Flores		53,392	Nefedow, Valerian		77,982
Koch, Warren		88,850	Nelson, Shirley		98,646
Koo, Kelvin		78,276	Norgaard, Jennifer		87,021
Kostuchuk, Tammy		51,458	Nowoselsky, Dennis		71,225
Kowalik, Matthew		86,040	O'Neill, Pippin		129,325
Kreklewetz, Kimberly		92,870	O'Brien, Katie		81,530
Lafond, Sherry		107,685	O'Brien, Myrtle		51,547
Legebokoff, Denise		120,090	Olsen, Joan		55,719
Levi, Idan		81,352	Ormiston, Albert		80,782
L'Heureux, Nicole		65,318	Pacey, Bonnie		55,371
Lim, Jacquelin		94,835	Pant, Sulav		139,057
Mabee, Guy		64,999	Parsons, Simone		51,368
Mackay, Michelle		118,039	Patience, Deborah		98,921
MacNeil, Savanna		62,819	Penney, Cindy		121,500
Maggrah, Katrina		53,777	Pham, Jennifer		96,208
Mahoney, Bonita		54,749	Phillips, Tarra		68,027
Mamer, Karen		71,200	Pickett, Shyla		90,572
Mark, Amy		105,942	Pollon, Betty		71,727
Marple, Laurie		67,705	Pontague, Carol		162,225
Maurice, Sharon		51,331	Prokopchuk, John		109,930
Mayotte, Judy		85,662	Quinn, Brian		97,271
Mayotte, Virginia		77,559	Ratt Misponas, Caroline		81,763
McDonald, Evelyn		72,594	Ray, Joanne		73,238
McDonald, David		65,010	Reid, Jennifer		90,806
McDonald, Melaney		59,597	Roberts, Jenna		91,362
McKay, Shannon		58,027	Robinson, Haley		82,310
McKenzie, Marie		82,425	Rohel, Tiffany		77,081
McLaughlin, Kaetlyn		70,471	Ronning, Heather		253,997
McLeod, Lesley		73,693	Russell, Carly		98,836
McLetchie, Andrew		199,742	Samoleski, Kenneth		73,588
McNeil, Melissa		67,100	Sampson, David		100,153
McPhail, Wendy		86,218	Sanche, Marc		79,745
Merasty, Shandi		85,082	Sanderson, Audrey		59,678
Mesfin, Rediate		193,631	Sanderson, John		54,550
Mineau, Myron		53,492	Senft, Laurie		76,052
Misponas, Darlene		63,469	Senik, Janet		91,903
Misponas, Effie		60,018	Skalicky, Curtis		117,558
Morin, Vanessa		70,729	Skalicky, Patricia		71,781
Morin, Shirley		63,067	Skogstad, Shaun		55,703
Myslicki, Crystal		109,810	Slugoski, Deena		97,170

Personal Services (continued)

Smith, Phyllis	$	81,608	Vincent, Jay	$	79,817
Stadnyk, Pamela		54,526	Watt, Teresa		129,763
Stange, Calyn		87,350	Watt, Dorla		114,974
Stockdale, Donna		132,679	Watt, Jody		102,802
Stomp, Kim		63,535	Watts, David		144,463
Storozuk, Karen		82,718	White, Nicole		114,998
Thomson, Lindsay		86,539	Wolkosky, Charmaine		63,431
Trites, Pamela		105,485	Wood, Rhoda		90,824
Turner, David		95,199	Yurach, G Sheldon		67,552
Van Meppelen, Alexander		69,672	Zarazun, Laurie		101,040
Vancoughnett, S Kim		74,099	Zarazun, David		94,873
Vandergucht, Francine		105,584			

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

	Amount		Amount
Corrections Public Safety and Poli	$ 61,694	PEBA/Public Emp. Pension Plan	$ 129,290
Dr. David Stoll	103,344	Peter Ballantyne Cree Nation	100,000
Deloitte & Touche LLP	89,487	Rachel Steinke	93,238
Ehealth Saskatchewan	51,568	Revenue Canada	5,612,594
Grande and Toy	68,645	SAHO	142,789
Great West Life	98,217	SAHO Dental Benefits	164,023
Hospira Healthcare Corp.	73,649	SAHO Dip Benefits	146,684
J.A. Steyn Medical Professional Corp	592,896	SAHO Extended Health Care	352,461
Dr. James Irvine	216,214	SAHO Out of Scope Den & Exended	51,956
Kaministikochiwak Development Cor	128,019	Sandra Ericson	84,897
KYRHA	149,470	Sask Power	155,293
Macpherson Leslie & Tyerman	174,468	Sask Tel	91,470
McKesson Canada	88,398	Sask. Worker's Compensatin Board	304,292
MCRHD Capital Account	890,502	Saskatchewan Healthcare	2,432,738
Medi-Cross Pharmasave	219,441	Saskatchewan Union of Nurses	65,857
Minister of Finance	291,016	Sask Energy	90,460
Ministry of Government Services	618,527	Schaan Healthcare Products	126,633
North Sask Laundry and Support Ser	216,020	SGEU Local	112,821
Northlands College	250,000	Sask. Government Employee's Unior	84,072
Osprey Wings Ltd.	60,707	Sysco Food Services of Regina	202,006
P3A	51,240	Transwest Air	484,500
Parkland Emergency Medical Svcs	86,952	Visa Centre	60,088
			$15,668,634

Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Regional Health Authority. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our regional health authority is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 14 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Stanley Mission, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent, child, and community;
- The Cognitive Disability Strategy (CDS) which operates out of the ECIP office; Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self-referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks (CAN)

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-4812.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of uranium mining developments in northern Saskatchewan. Mamawetan Churchill River Regional Health Authority is represented on the Steering Committee by the

Medical Health Officer who is the chair of the Steering Committee. One of the recent initiatives was the release and dissemination of the CVMPP Study of the Effects of the Uranium Industry Health and Wellness Programs.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Regional Health Authority, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community. CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members' work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Regional Health Authority dental program is located at the school, and MCRRHA public health nurses provide immunizations and educational programs.

Diabetes Education Network (DEN)

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Regional Health Authority and Lac La Ronge Indian Band.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Southend, Deshambault, Pelican Narrows, Sikachu, Sucker River, Hall Lake, Weyakwin, Jan Lake, Sandy Bay and Pinehouse Lake. This program operates through a partnership between MCRHR, the Lac La Ronge Indian Band Health Services, and Peter Ballantyne Cree Nation which together pay for the original training and equipment. The regional health authority, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the regional health authority, Flin Flon Ambulance staff provides ambulance services in the Creighton, and Denare Beach.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Health Shared Services Saskatchewan (3sHealth)

Established in 2012, 3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. The services will play a critical in improving health system quality and achieving cost savings that will support investments into direct patient care.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. HQC was created by the government in 2002 to partner with health regions for the common goal of improving quality of health care in this province.

On April 1, 2013, HQC assumed responsibility for the Provincial Kaizen Promotion Office (PKPO), at the request of the Ministry of Health. Leaders, managers, and providers across the system are receiving Lean training and applying this approach to continuous improvement. HQC has a key role to play in helping build and spread Lean skills and knowledge throughout Saskatchewan's health system.

Roughly half of HQC's staff are members of the measurement and analysis services (MAS) team. This group of researchers and research analysts collaborates with health system partners to measure and report on the patient experience of care, reports publicly on health indicators, and works with academic and clinical researchers to identify health care improvement opportunities and evaluate improvement efforts. The MAS team also provides quality measurement expertise to HQC's Provincial Kaizen Promotion Office (PKPO).

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Regional Health Authority partners with the Kikinahk Friendship Centre in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay, and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Regional Health Authority staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health. Funding flows through the Mamawetan Churchill River Regional Health Authority from the province to the Kikinahk Friendship Centre for the administration of the Northern Human Services Partnership.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the Regional Health Authority, La Ronge EMS staff provides ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner and diabetes nurse educator, employed by the Regional Health Authority, work in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located at 809 La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by Northern Medical Services, a division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Regional Health Authority collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee, National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

Mamawetan Churchill River Long Term Care Committee

The MCRLTC Committee is a community driven community that started meeting monthly in November of 2013. The mandate of this group is to secure funds to develop and furnish new long term care beds in the region.

New North - Saskatchewan Association of Northern Communities Services, Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Regional Health Authority staff collaborates with the various councils in emergency planning and in training programs for municipal workers.

Northern Health Region - Manitoba

The Northern Regional Health Authority (Northern Health Region) was created in May 2012 through the amalgamation of the former NOR-MAN and the Burntwood Regional Health Authorities. The Northern Health Region is geographically, the largest of the five RHAs in the province of Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following regional health authorities: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. By expanding daily hours from 8 to 9.5 hours per day, 6,092,336 pounds of laundry was cleaned, an increase of over ½ million pounds from the previous fiscal year. The process has begun for K-Bro Linen services to assume laundry services with an anticipated closure date for North Sask Laundry & Support Services LTD to be September 28, 2015. In 2014-15, MCRRHA Board Member Marlene Barzeele sat on the Board of North Sask Laundry, and the RHA is represented on committees by staff. Effective October 12, 2015, K-Bro will be the laundry service provider for the health region.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the regional health authority. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band). This enables them to better meet the health needs of their communities. The Mamawetan Churchill River Regional Health Authority collaborates with NITHA on a variety of initiatives.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee. The goal of this committee is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for *The Public Health Act*, such as environmental health and communicable disease monitoring.

Northern Healthy Communities Partnership

The Northern Healthy Communities Partnership (NHCP) is a group of people who work together on areas of common interest to encourage and build healthy Northern communities. NHCP has representation from a variety of partners across the north including the three Northern Health Authorities, First Nations Health organizations, Education, Justice, Recreation, and Kids First North. Currently, NHCP initiatives are led by five Action Teams: the Active Communities Team; the Healthy Eating Team; Babies, Books and Bonding; the Building Vibrant Youth team; and the Northern Tobacco Strategy. The Population Health Unit provides coordination and administration for the partnership. For more information, visit www.nhcp.ca.

Northern Human Services Partnership/Northern Regional Intersectoral Committee

The Northern Human Services Partnership (NHSP) is a human service interagency partnership focused on working collaboratively to improve northern quality of life. The Partnership's mandate is to "further the ability of agencies and communities to make the best use of opportunities and to develop and nurture northern responses to complex and serious issues and challenges." The membership consists of management from northern human service organizations. Current priorities include initiatives focused on the Early Years, First Nations and Metis Engagement, Supporting Collaboration and Vulnerable Populations with initiatives such as Northern Early Years Coalition, Breaking Trails Family Place, Lac La Ronge Community Mobilization and the recent First Nations and Metis Engagement Gathering. Check out www.nhsp.ca for more information.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Regional Health Authority participates in the Northern Health Sector Training Sub-Committee.

The NLM HSTS's mandate is two-fold:

- *To determine and assess employment and training needs of the health sector in Northern Saskatchewan.*
- *To develop and oversee the implementation of a long term training strategy to train Northerners for a range of occupations in the Northern Health Sector.*

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the Ministry of Health represented by the Medical Health Officer for Mamawetan Churchill River Regional Health Authority to facilitate and coordinate assessment and monitoring initiatives of uranium mines as well as to support Northern Saskatchewan Environmental Quality Committees.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Regional Health Authority collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.

Other Health Regions

In alphabetical order, here is a list of other health regions in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Pelican Narrows Ambulance

Through a funding agreement with the regional health authority, Pelican Narrows Ambulance provides services to the Peter Ballantyne Cree Nation.

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Pinehouse Reclaiming Our Community Committee (ROC)

The Mamawetan Churchill River Regional Health Authority is one of almost 25 groups that make up the Pinehouse ROC Committee. The committee works together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Regional Health Authority works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts prenatal classes and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Regional Health Authority is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency provides leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. The Regional Health Authority collaborates with the Saskatchewan Cancer Agency in delivering the services of the mobile screening unit for breast cancer and the colorectal screening program.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Regional Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food, and joint training for municipal workers.

Saskatchewan Ministry of Health

The Regional Health Authority works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Association of Health Organizations (SAHO)

SAHO provides leadership in the development of labour and employee relations policies and is engaged in the negotiation and interpretation of collective bargaining agreements (CBAs) between health care employers and the unionized workforce. Researching and defining job classification systems, ensuring pay equity across the province, wage market supplements and providing consulting services to health employers are among the many responsibilities of SAHO.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Regional Health Authority collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Regional Health Authority homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation, and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.